

Multiple claims. If a complaint asserts multiple claims which involve different subject matter divisions of the circuit court, the cover sheet for that division which is most definitive of the nature of the case should be selected and completed.

STATE OF ARKANSAS

CIRCUIT COURT, JUVENILE DIVISION: DEPENDENCY- NEGLECT COVER SHEET (Page 1 of 2)

The juvenile division reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

FILING INFORMATION:								
County:	District:		Case N	Case Number: JV-				
Judge:		Division:		Petition Filing Date:				
Name of Juvenile: Last	First	M	iddle	Date of	Birth:	W		
Social Security No.	Sex:	□ Male □ Female	Race:	□ African Ameri □ Asian □ Caucasian	□ Na	□ Hispanic □ Native American □ Other		
School Status: Under School Not Attending	_		rt-Time Stu	dent □ Speci □ Withd	al Education rawn	Student		
Manner of Filing: □ Original	□ Transfer from: □ D	elinquency	□ FINS					
Related Case(s): Judge Case Number(s):								
DISPOSITION INFORMATION Attorney Information: Attorney Ad Litem Appointed:	¹Yes □ No	Attorney Ad		ne:				
ONON VOIGITEEL Appointed.	□Reta Paren		c Defender torney Nam	□Appointed ne:				
Adjudication Hearing:	Hearing Date:	□ Plea	<u> </u>	attorney Ad Liten Parent's Attorne		□ Yes □ Yes		
Clerk Signature			Date					
Form AOC 32 10-01			Date					
Effective 1-1-2002			(Additi	onal Court Ac	tion Continu	ed on Pag	e 2)	

DEPENDENCY-NEGLECT COVER SHEET CONTINUED (Page 2 of 2) e: Case Number: <u>JV-</u>

Juvenile Name:	Case Number: <u>JV-</u>					
Additional Court Action						
Hearing Date: Order	Date:					
□ Adoption □ Gu	ardianship		□ Civi	Commitment	□ Paternity	
□ Custody □ Chi	ild Support		□ IV-C	Case (For OCSE	use only)	
Plaintiff SSN:		DOB:				
Defendant SSN:						
Family Information: ☐ There are no children born of the mark Full Name(s) of child(ren):	riage.		DOB: DOB: DOB:		SSN: _ SSN: _ SSN: _ SSN:	
Payee (Custodial Parent/Other) Addres						
Public Law 104-193 Information: ☐ () Custody Placed With: ☐ () Child Support ☐ () Spousal Support ☐ () Order of Protection ☐ () Income Withholding	☐ Plaintiff ☐ New ☐ New ☐ Plaintiff EmployerAddress	☐ Mod ☐ Mod ☐ Defe	lified lified ndant	☐ Terminated ☐ Terminated ☐ Child		
	Telephone					
Clerk's Signature			Da	te		

AOC 32 10-01 625 Marshall Street Little Rock AR 72201

Effective 1-1-2002

Send 1 paper or electronic copy to AOC upon Filing. Send 1 paper or electronic copy to AOC upon Disposition.

Keep original in Court file.